

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXIX.

WEDNESDAY, OCTOBER 18, 1848.

No. 12.

## CASE OF ACUTE ILEITIS, SIMULATING SCIRRHUS OF THE STOMACH.

[Communicated for the Boston Medical and Surgical Journal.]

THE following communication was read on the third of August last, previous to commencing an autopsical examination—Drs. Thaxter and Garratt being present. It possesses interest, as showing the great discrepancy that may exist between symptoms and disease, also as showing the large amount of medicinal agents that may, in particular cases, be borne by the human system.

The subject, Miss H. T., died yesterday, the 2d, aged 43. I have known her for the last eight years, during which time she has had a dyspeptic habit, attended with sallowness of the skin and considerable general emaciation. She has had several attacks of acute disease, from which she has uniformly been long in recovering. A typhoid fever kept her near eight weeks in bed. For two or three years past she has had a dry, irritable cough, worrying her almost constantly. From the attending symptoms I had regarded it of tubercular origin.

The sixth of last March I was called to see her, when she had much pain about the epigastrium, accompanied with high fever and great general restlessness. Her cough had entirely ceased. Constipation was obstinate, but yielded to large and repeated cathartics, and she improved in all of her symptoms till the 19th, about two weeks from the time I first saw her, the costiveness, however, still continuing, when I prescribed a portion of castor oil with spirits of turpentine. She began then to vomit, and continued so unceasingly, night and day, notwithstanding the great variety of remedies used to check it. The 26th, Dr. Howe, of South Weymouth, saw her with me. She was then experiencing temporary relief from inhaling chloroform. Further remedies, suggested by him, were tried, but without better success. The chloroform at length nauseated, and ceased to relieve her. The retching and vomiting were so constant and so horribly distressing, that she and her *friends* were anxious that death might come and furnish that relief which seemed denied her in life.

The 28th, at evening, after nine days and nights of almost ceaseless retching, I felt that so desperate a case would justify unusual remedies, and I gave her at once two grains of morphia, and left her. The next morning, I saw, in the altered countenances of the family, as I entered

the house, that a change had occurred, and that she was probably dead. I was told, however, that soon after taking the morphia she had sunk into an easy sleep, and had not vomited during the night. She however recommenced while I was there. Another two-grain dose of morphia quieted her, and since then, a period of more than *four months*, her existence has been prolonged, and she has been saved from retchings more terrible than death, by the morning and evening dose of morphia, increased by degrees to three grains at a time. She usually began to heave at the end of about eleven hours, and so continued till relieved by the semi-daily dose. Of late it has ceased to relieve, even when increased to *twelve grains* in the twenty-four hours, and I have substituted the extract of belladonna in *six-grain doses* every eight or ten hours. Smaller quantities would not relieve her; and even this, as well as everything else, lost its effect before she died.

Notwithstanding the heavy opiates which she took, her mental faculties have, during her sickness, been good. She has conversed coherently and sensibly, has slept less than could have been expected, and was usually awoke with ease. Her pulse has generally been from 80 to 90 in a minute, small and tense, and she has all along had febrile exacerbations in the afternoon. Her tongue was for the most part clean and pale, but of late that, together with her mouth, has been covered with a thick aphthous coat. There was great and constant tenderness over the whole abdomen, excessive over the stomach and liver. No local hardening could any where be found about the bowels, and palpation has furnished no satisfactory diagnosis.

Her cough, as already remarked, ceased at the commencement of her sickness. The dulness under percussion, once present, also disappeared, and the respiration has been clear. Within two or three weeks she has had recurrence of pulmonary affection, cough, mucous expectoration, and considerable pain in the chest. I have, however, given but little attention to it, having been occupied with her other difficulties.

She usually vomited healthy bile, but occasionally having faeces and dark sordes mixed in it, and constantly complained of something in the throat which remained after vomiting, and which she could not raise.

Her constipation was obstinate. The mildest cathartics so distressed her, and were so often vomited, that it was found advisable to depend mostly on injections; and these, too, whether bland or drastic, whether small or large, caused her so much suffering that they were administered as seldom as possible. Her faecal evacuations were for a long time small and black, but became somewhat natural, till about the middle of July, when she was taken with dysentery, from the effects of which she did not recover.

Her urinary functions have not been much deranged, excepting troublesome dysury. Her menses ceased with the beginning of her disease.

It is now five months since she was taken sick, during which time she has had watchers every night, has taken perhaps an ounce and a half

of morphia, and has suffered more than I have ever seen fall to the lot of any person in the same time.

The treatment pursued has, of course, varied much. There has been time and opportunity for the trial of numerous remedies. In addition to opiates and belladonna, cicuta, hyoscyamus and coffee were used internally; also mercurials, and slight ptyalism was twice produced. Demulcents were in constant use. External irritants and derivatives were perseveringly applied. The cuticle on the epigastrium was removed by vesication, and morphia applied to the abraded surface, but without benefit, and neither irritants nor vesicants seemed at any time to be of service.

*Autopsy.*—Having read the foregoing account, we proceeded to the examination. The only marked abnormal appearances, externally, were great general emaciation, and dull percussion over the right thorax. On cutting there was found much discoloration from bile, especially of the fat and cellular substance. The right lung was extensively hepatized and slightly adherent at the base. No tubercles were found. The trachea and œsophagus healthy; also the stomach, with both of its orifices. The liver, too, was natural in size and color, and the gall-bladder was well filled with healthy bile. The pancreas and spleen were normal. The bloodvessels of the intestines were considerably injected. Continuing our examination, we followed the course of the intestinal canal, presuming that we should still find further evidence of disease, and at length discovered the lower portion of the ileum, about a foot in length, and extending to within a few inches of the colon, much constricted and nearly in a state of gangrene, the mucous membrane being entirely disorganized.

Some symptoms in the disease would naturally have designated it as a case of ileus, and this was often thought of in its course; but, then, the seat of the pain, the immediate rejection of most articles swallowed, the operation of cathartics, and, at length, the natural and regular fecal evacuations, and the length of the disease, impressed our minds strongly with the belief of a scirrhus state of the stomach.

A. CHAPIN.

E. Abington, Oct. 5, 1848.

---

#### DISLOCATION OF THE SHOULDER.

BY G. O. JARVIS, M.D.

[Communicated for the Boston Medical and Surgical Journal.—Concluded from page 221.]

To comprehend more fully the difficulties which attend reduction conducted in this wise, let us look for a moment at the effect which traction would have on the lacerated capsule; the head of the humerus being on the outside, and the laceration being, as we have already supposed lacerations generally to be, longitudinal. What would be the effect of an extending force, applied in the line of the limb, on the two lacerated edges of this capsule? Would it not be to approximate the two edges

more closely, and thus tend to prevent the return of that head to the glenoid cavity? I think it would.

Inasmuch as it is now shown (as I trust it is) that the *principle* (which, in fact, all of the ordinary means involve, for reducing old lacerations of the shoulder) is unphilosophical, is incorrect, and therefore both the principle and the means employed are frequently inadequate to accomplish the end, it may not be amiss for me to show what I regard as the *true principle*, the *correct mode*, to be adopted, to reduce these old dislocations.

The true principle, then, is to avail ourselves of the contractile power of the muscles to reduce a dislocation; and thus, instead of having them to be our opponents, as they confessedly are, from beginning to end—our greatest obstacles in the way of reduction—to have them our adjutants, our assistants, our helpers. This, however, has long been confessed, indeed held, to be the true principle, on which to conduct our efforts in reducing dislocations. But how has it been acted upon? Has it ever been applied? Not to my knowledge. In using the ordinary means, what do we more, in any case, than to hold those powerful opponents (as in fact we make them to be) at bay? Nothing, clearly nothing; even so, that if we can only so far overcome their contractions, as to give to the limb its full length, and there to hold it during our pleasure, it is all we ever expect, or seem even to desire, of these mighty agents in reducing those old and grave luxations. This, certainly, is not using them to *reduce* the luxation; it is only using them, so as that we may by other means reduce it. And yet, after all that has been written and talked on the subject, this is the only way in which these most powerful agents have ever been employed to assist in overcoming this most formidable class of injuries. This, surely, “is talking one way and doing another.”

We will, however, now attempt to show (and it is hoped that it will be made to appear) that, to adopt the method, made use of at the Marine Hospital in Mobile, is to employ the principle of using the power of the muscles, of the dislocated limb, for the purpose of reducing the dislocation. In that case, we made use of extension and counter-extension to elongate the arm in order to bring the head of the humerus out to a line with the plane of the glenoid, *preparatory* to reduction; and also that the muscles might receive that degree of tension, which would give them force sufficient to reduce the dislocation. We also carried the arm downward and forward to the ribs, while our friend, by a handkerchief, forcibly drew the head of the bone outward. All this was *preparatory* to reduction. The humerus was thus made to point directly to the glenoid cavity; excepting that a *perfect* line of the bone would have carried the head a little outward from the cavity. And now, for the purpose of giving a momentum to the shaft of the bone, *by the muscles of the arm*, that the capsule might thus receive the impetus of a blow, from the head of the bone being forcibly driven against it, by those muscles, the catch of the instrument was raised, and thus the whole force was let fly in an instant. The head of the bone was

drive  
into.  
inter  
by th  
every  
way.  
the r  
leave

II.  
cation

Ist  
fining  
obvio  
to ma  
and in  
reduc  
in som  
more

2d,  
rather  
this te  
the fir  
transv  
makes  
transv

3d,  
ruptur  
out w  
cavity

For  
disloc  
sophic  
their v  
into su  
ago; a  
tent be  
in univ  
where  
have c  
ventor  
after w  
univers  
riable,  
which

III.  
duce o  
Ist,  
that it



driven through the capsule, on the same principle that an arrow is driven into a board, except that in this the power was derived from muscles instead of an elastic bow. Thus was that dislocation reduced, entirely by the force of the muscles of that arm. And it was safely reduced, as every other instance has been where I have made the attempt in this way. Here, then, is an example, where a dislocation was reduced by the muscles. Indeed, there are many such. I must, however, beg leave to examine the subject still further.

II. *Reasons why the Pullies should not be used, to reduce old Dislocations of the Shoulder.*

1st, Because they operate from *fixed points*—thus, of necessity, confining the force (substantially) to one given line. That this is wrong, is obvious from the circumstance that force so applied can never be used to make the power of the muscles the *reducing* power; but must always, and in every stage of the operation, make them to be the opponents of reduction, to overcome which (if we succeed) we have the greater force in some other way to employ—but which renders our success altogether more doubtful.

2d, Because force, so applied, tends to depress the head of the bone, rather than to elevate it, through every stage of the operation. And this tendency is overcome, only by another force acting transversely to the first. Indeed, force so applied, presents a strong impediment to the transverse force, and just so far as they are opposing forces. This also makes reduction doubtful, because it tends to destroy the efficacy of the transverse force.

3d, Because force so applied cannot be a sure and ready way to re-rapture that strong, sero-fibrous membrane, the capsular ligament; without which, the head of the bone can never be restored to the glenoid cavity.

For these reasons do I regard the action of the pullies, in reducing old dislocations of the shoulder (and I might add many others), as unphilosophical, as incorrect. And, I doubt not, it is from this uncertainty of their want of success arising from the above causes, which brought them into such universal discredit in the days of J. L. Petit, nearly a century ago; and although in most parts of the world their use has to some extent been again revived, yet there is no part where they have been held in universal esteem, even to this day. There is none, so far as I know, where their uncertainty is not acknowledged. They appear not to have come into general use after their first introduction, by their inventor, Vetrivius, until the great Paré brought them into notice in 1582, after which, until the days of J. L. Petit in 1750, they obtained almost universal sway. Since that time, however, their reputation has been variable, uncertain, much according to the character of the company in which they are found, and, I doubt not, from the causes above indicated.

III. *Reasons why PHYSICAL FORCE should not be depended on, to reduce old Dislocations of the Shoulder.*

1st, Because, in many instances, it is like that of the pullies; except that it is not so steady, nor so uniform, and therefore not so much to be

depended on, as even the pullies. Yet where the heel of the surgeon is used as a fulcrum in the axilla, for the humerus as the lever, the force employed is then unlike that of the pullies, and is not only more certain of success by the surgeon's holding at his command a greater force at the head of the bone, to act transversely, but it is also more dangerous to the axillary artery, and cruel to the patient—two considerations which will ever govern the benevolent mind, in its conduct towards the afflicted.

Although it may be regarded as the most certain of the two, still this is very far from being a reasonably sure mode, as every day's experience proves. Nor is it safe, or correct, so to apply force. Instances have occurred, in which, by this means, the axillary artery has been ruptured, and so indeed has it been by the pullies; yet in this, much according to the amount of force employed, is the danger increased. I have heard tell (for I never saw it) of surgeons hanging their patients on the top of a door, and even of appending their own weight to the arm of the patient, and perhaps the weight of another person also to his heels. I have said to myself, so much for *his* mechanics, to say nothing of his knowledge of anatomy.

The physical force which operates to produce traction on the arm, is necessarily attended with all the inefficiency, the unsteadiness, the uncertainty, which generally characterize manual effort, persisted in for a long time; and therefore, if for no other reason, the greater force which the surgeon holds at command over the head of the bone, becomes useless to himself; and especially he does not in this way, in the least, use the power of the muscles, by which to accomplish his end. This alone (when they can be so used) is condemnation enough, to give that mode the "go-by."

#### IV. *Reasons why the Adjuster should be used, to reduce Dislocations of the Shoulder.*

In advocating the use of this instrument, I beg I may not be viewed with a jealous eye. I have simply related the process (and given my reasons for it) by which an operation was performed with it. I have told a simple tale, and the gentlemen herein named are my witnesses; and my apology is yet due to them, for thus bringing their names before the public, without their knowledge. But their known love of the profession, their high and honorable character as gentlemen, wishing to see justice done and truth advanced, are my apologies to them, for what I have written. If one word should be found, not perfectly agreeable to truth and their feelings, it will, with me, be a source of regret to my last breath. My object in this has been to benefit surgery. Indeed this has been my object from the beginning, in arranging the instrument by which this and many other important operations have been performed. And now, after all the toil and expense which I have been obliged to forego, my chief consolation is, the conviction that *well* does it fulfil the ends for which it was designed, if correctly used; and, that if surgeons now fail, as heretofore, to accomplish those ends with elegance and skill, which this instrument (as it is now acknowledged) is well calculated to

fulfil, the fault is all their own. The reader will, however, excuse me for this digression. We will now give our attention to the reasons, &c.

1st, Because it is the only means, up to the present time, by which the *power of the muscles* can be so directed as to become, thereby, the reducing power. And also because, if need be, we can seize the proximal, instead of the distal, end of the bone, to reduce it. This last reason we cannot, at present, spare the time to prove by an example.

2d, Because, in consequence of its allowing this great liberty of motion to the limb, it thereby secures to the surgeon greater promise of success, while it is also less severe, and attended with less danger to the patient.

3d, Because the whole operation is completely under the direction, and at all times subject to the control, of the surgeon—he never requiring the aid of more than one assistant, and generally not even that.

4th, Because it furnishes the surgeon at all times with a means ready of application, and which can be just as conveniently and successfully used in the bed-chamber, in a ship, in the field, or indeed in any place where the person injured can be approached, as the means which are usually found can be applied in a well-furnished, well-regulated hospital, but far more effectively.

It now only remains to show, that the two stages of a dislocation, *recent* and *old*, are not only distinct from each other, when fully formed, but that they require different modes of treatment to fulfil the indications which belong to each one in particular. From what has already been shown, while the subject has been under consideration, this *principle* (for it may be regarded as a principle) may be viewed almost in the light of a self-evident proposition; requiring no argument to prove it. But, lest some should be found who still do not so consider it, we will devote a few lines to this part of our subject.

This division, then, is founded on changes which are well known to take place after every dislocation, provided such displacements be not soon reduced. They are chiefly the result of the laws of reparation in the animal economy, and of relaxation, as the consequence of over-distention of the muscles. Now it is obvious that these changes cannot take place without at once establishing a difference of pathological condition “wide as the poles.” In the one case, we have only displacement, laceration of ligaments, and over-distention of muscles. In the other, we have displacement, the lacerated ligament as much as possible repaired, yet so as to confine the head of the bone securely in its abnormal position; and, also, in addition to over-distention, we have relaxation, paralysis of some of the muscles and a rigid contraction of others. This difference, surely, is immense; it is substantial, and may well be the basis on which to found the two stages spoken of above.

That this difference should, necessarily, require a difference also in treatment, will, I trust, no longer be questioned. The one, it will be seen, usually requires little more than extension and counter-extension to reduce it; the other, much more. In it, extension and counter-extension can only be used as a means—a necessary means, to be sure—to

*prepare* for reduction. The operation of reduction is all an after process. The examples given in the use of the adjuster, are fair illustrations of this fact.

A dislocation cannot, usually, in a strict sense, be said to be *old*, until it has existed full five weeks. All the impediments to reduction are not, commonly, fully formed before that period has elapsed; although, it is obvious, difficulties accumulate from the beginning, as a luxation is suffered to remain unreduced, but not frequently so that it cannot be reduced by the old and ordinary means. After that period, however, reduction, for reasons already given, becomes very doubtful by them. It is my belief, from the little experience I have had, that difficulties do not increase after the above period of five weeks, as they do before. I have recently had reported to me a case of dislocation of the shoulder, which had existed for four years, which was reduced by the adjuster. It comes to me so well authenticated, that I cannot doubt it. Indeed, from what I had previously seen, I could not deny its probability—for the only question in my mind with regard to it, was, Is the glenoid cavity so far obliterated by absorption, as to leave not a sufficient surface on which the head could be retained? This question was with me at once answered, on re-calling to my recollection, a morbid specimen which was shown to me in the London Hospital, by that excellent gentleman and accomplished surgeon, Mr. Luke. It was a specimen of morbid anatomy, in which, if I recollect rightly, as near as could be ascertained, the subject of it had his shoulder dislocated about eighteen years before death, and it had remained to his last hour unreduced. The head of the humerus was thrown forward of the glenoid cavity, and rested against the anterior margin of that cavity, a little under and against the coracoid process of the scapula. It had occupied that position so long, that by *attrition*, a deep fissure or fossa had been made in the head of the humerus, and a corresponding abrasion from the anterior margin of the cavity, against which the head had rested. But what was most singular, notwithstanding this constant wearing away of parts, which came in contact, the other portions of the glenoid cavity appeared to be very little changed; so that, apparently, had no portion of the glenoid margin been worn away by attrition, the glenoid cavity would have remained almost perfect, during the whole eighteen years of luxation.

I ought here, also, to state, that my friend showed me another specimen, which was in every respect the reverse of what has just been stated. This, too, was a specimen of a dislocated shoulder—which, if I recollect rightly, had taken place scarcely a year previous to death, certainly not exceeding a year and a half. But yet, there was remaining of the cavity only a very small portion; nearly the whole of it had been absorbed within the year, or eighteen months, and there was not remaining sufficient to retain the head of the humerus on its surface under any circumstances.

It may be difficult to account for such diversity in the process of absorption, in different cases; but from what I have observed, I have been led to the opinion, that this difference is chiefly dependent on the degree

of  
a d  
this  
tion  
suc  
Bu  
cee  
por  
cha  
join  
obs  
life.  
that  
year  
of a  
prep  
able  
atten  
succ  
very  
that  
the

ABE  
and  
disea  
that  
pract  
num  
tunit  
with  
regar

In  
assist  
easter  
of su  
the p  
the p  
We f  
arriva  
55 ye  
all ro  
voun  
super

of inflammation which may succeed to each luxation. If, for instance, a dislocation is succeeded by great swelling, pain and inflammation, and this condition of the parts continues for a long time, absorption of a portion of the socket of that joint would most likely be a consequence of such a pathological condition; nor would it, very likely, be long delayed. But if, on the contrary, very little swelling, pain, or inflammation, succeed to such injury (and it frequently does so happen, as I have had opportunity to know) I see no good reason to expect that any material change would be likely soon to take place in the bony structure of that joint. In all *congenital* luxations, as far as I have had opportunity to observe, the socket is never absorbed, although existing through a long life. This principle is so well settled, that M. Guerin, of Paris, told me that he had reduced a number of such dislocations of the hip of many years standing; and one case I saw in his office, of a girl eight years of age, who had congenital luxation of both hips, and whom he had prepared by division of tendons for reduction. I regret not having been able to witness the operation, as I was obliged to leave Paris before the attempt was to be made; but I have since incidentally heard, that he succeeded also with that case. For the above reasons, I hold that many very old dislocations may be safely reduced. Indeed, I am convinced that entirely new rules should be speedily settled with regard to them, in the science of surgery.

---

#### CASES OF LITHOTOMY, FROM MY "NOTE" BOOK.

[Communicated for the Boston Medical and Surgical Journal.]

ABERNETHY says, "The best mode of obtaining and extending medical and surgical knowledge is, in my opinion, to pay that strict attention to diseases, which qualifies us to note even the slightest shades of difference that distinguish them from each other." I have endeavored, so far as practicable, to avail myself of recording cases to this end. From the numerous cases in surgery as well as in medicine, that I have had opportunities of witnessing, I have selected for publication, provided it meet with your approbation, those cases which your readers may probably regard as being sufficiently interesting to command their perusal.

In accordance with the invitation of Dr. \*\*, to accompany him and assist in the operation of lithotomy upon a gentleman living on the eastern side of the city, I attended him, who, with Dr. \*\*\*, professor of surgery, and Dr. ———, also Mr. \*\*\*, a fellow student, completed the party of operator and his assistants. We arrived at the house where the patient "lived" or sojourned, at about 7 o'clock in the evening. We found him sitting in an "easy" chair, by the fire, waiting for our arrival. He was a gentleman, I should suppose to have been from 50 to 55 years of age, tall in stature and of fair proportions, although not at all rounded with flesh. From the glare of light, and no doubt "nervousness" and a peculiar paleness in the expression of his countenance, superinduced by a degree of mental anxiety always attendant upon this

operation, it is impossible to speak exactly, but I should judge him to have been of sero-lymphatic temperament. After a few preliminary remarks, not at all bearing on his case, and he had in a measure become reconciled to our presence, it was proposed to proceed with the operation. His person having been divested of his nether garments, he was placed and secured in the desired position for performing the operation. A "sound" was introduced into the bladder by Dr. \*\*, who immediately informed us that he *felt* the stone. Re-assuring himself on this point, he applied the end of the sound to his ear, and *distinctly* heard the "clicking" of the steel sound, striking against the calculus. Professor \*—\* then took the sound, and making a most careful examination, he as distinctly "felt" the presence, and heard the concussion of the instrument upon the stone, as did the gentleman preceding him. The sound was then passed into the hands of Dr. ———, who, after the most deliberate, I may say, elaborate search and auscultation combined, confirmed the two previous examinations. Mr. \*\*\* coincided in the result of their deliberations, and I, the youngest in the mysteries of medicine and surgery, was invited to make an examination. I am compelled to be frank in the matter; my *tympanum* and *portio mollis* were so obtuse, that I could hear but a gurgling, rumbling sound in the poor patient's agitated bowels. I did not make an examination to *feel* the stone. Not wishing to appear *dull*, I looked wise (so far as I was able), and the operation was then proceeded with.

If I may be permitted to digress, this and several other cases have somewhat shaken my credence in the powers of auscultation by practitioners *generally*. A dearly-esteemed friend of mine recently died. His disease was a softening of the substance of the brain, *extending* to suppuration, which his stethoscopic examiners (eminent men) attributed to, and treated for seven years, as a *diseased liver*! A *post-mortem* examination demonstrated that this organ, with the abdominal and thoracic viscera, were in a perfect state. The only persons that I have ever met with, possessing "an ear" for auscultation and stethoscopic examinations, are our much-esteemed and distinguished practitioners, Dr. F. U. Johnson and Dr. Swett, of this city. Two years' zealous application to the study of the use of the stethoscope and auscultation, with a good "ear" for music, too, enabled me to distinguish for a "burting" sound in the left lung (the side upon which I had my ear), the rolling of a fire engine down the street.

To proceed with the operation. The sound was withdrawn, and a grooved staff introduced of course into the cavity of the bladder. A semicircular incision was then made by the side of the *raphe* of the perineum, in accordance with the rules laid down and practised in the *lateral* operation. The *gorget* was then pointed towards and directed into the groove of the staff, and was at once carried, in its proper position, into the bladder, making a full-sized and neat incision. A small quantity of urine escaped. A few seconds were allowed to elapse before again proceeding, and a small quantity of well-diluted wine was at his own desire administered to the patient. The gorget was immediately

withdrawn, and the staff partially so—forceps were then introduced for the purpose of seizing hold of the calculus. It could not be found with the forceps after the most diligent search and properly-applied manipulations. Professor \*—\* then tried his skill; and notwithstanding his well-known dexterity in these cases, he met with no better success. Dr. ——— took the instrument, and his talent in this particular was attended with the same result. “It was strange”; “it was *very* singular”; “could it be immembrated in the villous coat?” and many other corresponding remarks, were made *sotte voce* during the embarrassment of the position. The sound was again put into requisition, but it now refused to strike or touch the stone, and auscultation failed to discover its remotest whereabouts. Disappointed and vexed at not finding the calculus, every expedient at hand was exhibited: the “scoop” swept round the cavity of the bladder, without “fishing” any calculus or fragments; and other means were equally unsuccessful. It was finally assigned, as a cause for the apparent absence of the stone, that it had become immembrated in the villous coat of the bladder, and was thereby tied down to its position, and that where the sound had struck upon the calculus, was a spot not entirely covered, which had now altered its position. Upwards of an hour had elapsed in performing this painful and futile operation. The patient was much exhausted, and wine and other stimulants were administered. What the treatment was during the ensuing three days, I am not aware. When the patient died, with much difficulty permission was obtained to make a *post-mortem* examination, which was done eighteen hours after death. Dr. \*\*, Dr. ——— and myself attended for this purpose. I regret that my notes do not extend into the *detail* of the examination, our anxiety being more intent in ascertaining the reason for the failure. The heart was healthy, if incipient ossification going on in the valves be excepted. The lungs were sound in every particular, as also was the liver. The intestines were filled with very fetid *flatus*, but their *tout ensemble* was healthy. The kidneys, their ureters, and the bladder, including *prostate gland*, with a portion of the urethra, we smuggled away, for a more careful examination at another time—which resulted, with the exception of an induration of the prostate gland, and the usual inflammation superinduced by the operation, in finding the whole apparatus in a perfectly healthy state.

I believe there *are* authorities for similar cases. Dr. Mott, in his lectures, if my memory serves me right, often mentioned them.

Two cases of lithotomy, performed in the City Hospital by my preceptor, Dr. J. C. Cheesman, I consider, *in one case*, as being remarkable. The operation in either case was performed with all the well-known skill of this gentleman. The patients were of the same age, about 5 years. The one attenuated, enfeebled, and “worn down” by its sufferings; the other a robust, plethoric child. The first died seven days after the operation. It never roused from its lethargic state from the moment it was placed under the nurse’s care. Its heart-rending, agonized exclamation still rings in my ears—“Pray *good* Mr. Doctor let me go, my heart is breaking.” Whilst the other, availing himself of the first oppor-

tunity, slipped out of bed, and was off playing in the Hospital grounds, and never went to bed again but for his natural rest. It was necessary to excise the prepuce in consequence of *phymosis* supervening, much to the mortification of the little fellow, who could not be convinced that the doctor *had not* made a girl of him.

A. C. CASTLE, M.D.,  
Surgeon Dentist.

New York, Oct. 1, 1848.

#### CASE OF CONCUSSION OF THE BRAIN.

BY WILLIAM D. BARNETT, M.D., OF PINE BLUFF, ARKANSAS.

On the 1st of August, 1847, while sitting in church, my attention was drawn to a man behind me, who had apparently fainted; his attending physician, who was near, called on me for assistance. At the time I made no inquiry into the history of the case, but set to work endeavoring to relieve him of the present alarming condition.

The patient was nearly pulseless at the wrist, but the carotids were in violent action; his eyes presented a wild and furious appearance; the flexor muscles of the upper and lower extremities were thrown into powerful contraction, and occasionally he would utter a deep and agonizing groan, and grind his teeth powerfully together. A vein in the arm was opened, the blood ran out slowly at first, but gradually increased; with this increased flow of blood (when about a pint had been taken) the pulse rose and gained considerably in volume and strength. The vein was allowed to remain open until sixty-four ounces of blood had run out, when the pulse was reduced, and all the alarming symptoms disappeared. Cold water poured upon the head was used in conjunction with the bleeding.

After relief was obtained, he was conducted home, and I heard no more from him until about the 26th of the same month, when I called to see him.

On inquiry, it was stated that in May last, while in a fit of intoxication, he had fallen from his horse and received a severe shock, from which he did not recover for several minutes. From this time up to the 6th of July he suffered from intense pain in the head. Anterior to this time, he had no manifestations of any derangement of the brain. He inherits no predisposition to mental derangement. The pain increased up to the 8th of July, when he had a fit similar to the one in which we first found him. He had frequent attacks of this kind, but would partially recover from them and go about his business. During the whole time his countenance wore the expression of some aberration of mind, and any excitement or sudden emotion would throw him into the apoplectic condition alluded to.

His present condition (16th of August) is very different from the one we have described, and is truly a singular one. He is lying upon his back sleeping, and talking continually of things that he has seen within the last three years, his thoughts not running upon anything or circumstance prior to this time. He is now relating, in the most pathetic man-



ner, the story of his love and courtship with a young lady to whom he had formerly paid his addresses. It seems to bear heavily upon his mind, and, in all probability, had some influence in the development of his disease. He would often imagine himself in Tennessee, his native State, surrounded by his friends, to whom he would recount the scenes he had witnessed in Arkansas, and would frequently, in a ludicrous manner, express his fears concerning the physician who attended him in Arkansas, saying, "that the cows would some day certainly eat him up, on account of his resemblance to *grass*." When he was talking, his arms were in constant motion. For several moments he would cease talking, when the pulse would be strong and full, but would gradually get slower and weaker, until it could scarcely be felt at the wrist. At this moment he would suddenly spring up and commence mocking a pet squirrel which he once owned, and after imitating this animal for awhile, he would commence dancing, going through every step, and giving orders as to the manner in which the dance should be conducted. He would frequently sing, and, in his imagination, play the violin; this was a sensitive point with him, upon which he was a monomaniac.

Upon one occasion, while he was singing, a musical-box was placed to his ear. The music threw him into ecstasy; he sprang from his bed, and in a loud voice cried out, "*play on!*" Such was the excitement produced, that I was fearful he would never recover from it. The instrument had to be taken out of the room, and the patient waked up. When aroused he was rational. He was not conscious of having talked any while sleeping, but was aware he had been dreaming about the subjects mentioned to him, and felt very much mortified when he was told that he had recited everything he knew. He would remark that he "would not do so again," but even while conversing he would fail to sleep and commence talking as he had done before. He would remain quiet longer upon either side than upon his back. There was extreme drowsiness. The carotid arteries were in violent action, and the face presented a full and florid appearance; his pulse (when aroused) was rather tense and frequent. The eyes had a fiery look; there was but little fever; the bowels were costive; appetite good.

He was bled to twenty ounces, and twenty grains of calomel given, followed in five hours by a dose of sulphate of magnesia. A stimulating foot-bath was directed to be used every night and morning; a seton was placed in the back of the neck. The bowels to be kept open with calomel, rhubarb and jalap. The patient to be bled whenever there is any pain in the head, or any other symptoms of a determination of blood to the brain; his diet to be light, and not to expose himself to the sun. Two days afterwards, I visited the patient and found him much better. He talks less in his sleep, and is altogether more tranquil than before. There has also been a remarkable change in his disposition—he being no longer the jovial and frolicsome man he formerly was, but entertains serious thoughts concerning religion; and seeming perfectly conscious of his danger. The antiphlogistic treatment was continued, and the seton directed to be frequently moved.

In the course of a month I again saw him, when he told me that he felt as well as he had ever done in his life. He had lost the maniacal expression of his eyes, and no longer talks in his sleep.

In October he rode twelve miles to see and bid me adieu previous to his starting for Tennessee. At this time he presented no symptoms whatever of disease, and I am inclined to believe that, with proper prudence, he will not have a return of this singular and distressing affection.

From want of sufficient evidence, I reject the idea of the disease being hereditary, but regard it as dependent upon an unnatural determination of blood to the brain, consequent upon the injury which he had received. In conclusion, the history of the case, the symptoms and the effect of the treatment, justify the conclusion that it was a case of concussion of the brain.—*Western Journal of Medicine.*

---

#### THE LATE BARON BERZELIUS.

THIS distinguished chemist, the father of analytical chemistry, expired on the 7th of August, at Stockholm. Baron Berzelius was born on the 20th of August, 1779, in Ostergothland, in Sweden, of a respectable family. At the age of 17 he entered the University of Upsala, where he made a rapid progress in his studies, particularly his favorite science—chemistry; after passing the necessary examinations, he received his diploma of Doctor in Medicine in 1804, and was appointed Medicinæ et Pharmacæ Adjunctus at the Collegium Medicum at Stockholm, and gave instruction in chemistry to young students, and, on account of his small income, was obliged to practise occasionally as a physician. In 1807 he was appointed Medicinæ et Pharmacæ Professor, and in the same year he instituted, in conjunction with seven other eminent men, the Swedish Medical Society at Stockholm, now a most flourishing institution, and constituting the very heart of the medical profession in Sweden.

In 1808 he was made a member of the Royal Academy of Science, in 1810 officiated as president, and in 1818 as perpetual secretary. On the occasion of holding this appointment for a quarter of a century, a dinner was given in the Academy by the members to this distinguished *savant*, which was presided over by his present majesty, then the crown prince, who, on proposing the health of Berzelius, expressed his grateful acknowledgment of his own obligations to Berzelius for the valuable private instruction he had received from him in his younger days. In the same year he was appointed a member of the Royal Sanitary Board, of which, at the time of his death, he was the senior member. As a proof of the magnitude of his laborious pursuits, it may be sufficient to mention that he first developed the electro-chemical system, and that he has also examined and minutely described the atomic theory of the elementary bodies. He discovered and examined several great classes of chemical combinations, as, for instance, the different degrees in which sulphur combines with fluoric acid, with platinum, columbium,

vanadium, tellurium and phosphorus, the sulphates, &c. In organic chemistry he has no less distinguished himself by his experiments; and, properly speaking, he has laid the foundation of vegetable and animal chemistry; more particularly the latter. As regards chemical analysis, the highest merits are due to him, for having arranged a new and generally-adopted chemical nomenclature. His works, which have been for the most part translated into the English, French, German, Italian, Spanish and Polish languages, are so numerous and voluminous, that, considering the accuracy with which everything is described, it appears to be almost a wonder how one man, whose time, besides, is occupied by a great amount of official duties, has been able to accomplish such a mass of scientific publications.

Berzelius had received from his Majesty King Charles John many marks of high distinction: he was created a nobleman in 1818, a Baron in 1835, Knight Commander of the Royal Order of Wasa in 1821, and Grand Cross of the same order in 1829; he was a Knight of the Royal Swedish order of the Polar Star, and of several foreign orders received from the Emperor of Russia and the Kings of Prussia, Denmark, Belgium, France and Sardinia; an honorary member of upwards of one hundred literary and scientific societies. In consideration of the great services which Berzelius had bestowed on his native country, the members of the Diet at Stockholm, in 1840, voted to him the annual sum of 2000 dollars banco as a pension for his lifetime, independent of his former emoluments.

The Edinburgh Journal of Science and the Philosophical Magazine, to which we are indebted for these particulars, state, as showing how high the illustrious deceased ranked in Germany, that in a late history of the Devil, of which so many are published in that country, one of the main inducements his Satanic majesty is represented as holding out to a convert, still half doubtful of selling himself, is, that he will make him a *Berzelius*.—*London Lancet*.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 12, 1848.

*Deafness—Its Nature and Treatment.*—Messrs. Lea & Blanchard, those unwearied publishers of professional works, have brought out a compact, scientific treatise on "*The nature and treatment of deafness and the diseases of the ear, and the treatment of the deaf and dumb, by William Dufston,*" which holds rank with the best essays on the subject. But aural surgery is in a low state everywhere, notwithstanding the apparent scientific advances that have been made in that difficult branch of practice. It is even doubtful whether the true anatomical structure of the complex auricular apparatus is well understood by any one. Dissections do not explain how we hear, nor lay open to our understanding the seats of disease in the

labyrinths. Because the mechanism and the physiology of the ear is thus intricate and obscure, most of the prescriptions to remove or ameliorate the diseases to which it is incident, are entirely hap-hazard, being neither philosophical nor always rational. Elaborate efforts are made to elucidate and provide a remedy for the maladies of the ear; but every honest surgeon will acknowledge his general want of success in their management. If it were possible to remedy half the cases of partial or total deafness, there would not be such swarms of hard-hearing people always in pursuit of skilful aurists. The truth is, no advances of a very encouraging character have been made, in the treatment of the diseased organ, for half a century—and we challenge a proof to the contrary. Tubes, now and then some modification of a speculum auris, or a contrivance for entering the Eustachian tube, differing in shape or material, perhaps, from something similar, already in use, are occasionally heard of; but beyond this, it would be gratifying to be informed what has been achieved for the ear.

A gentleman of Boston has just returned from Europe, which was visited expressly for the purpose of having the benefit of the personal attentions of the first aurists in the world. He has fairly been the rounds—having been the patient of each of those of most distinction; but, alas, he has returned as deaf as when he commenced the voyage. Patients have no need of repairing to Europe in such cases, as they are as well cared for in this country as in Germany, under all abnormal conditions of the ear. The arts and appliances resorted to there, are familiar to the practitioner here. In the Eye and Ear Infirmary there, no better system of medication or surgical relief could be given than in this country; even by Kramer himself, or the author whose labors are before us. Still, the success is not good among us, nor have those afflicted with chronic affections of the acoustic apparatus much to hope for from medical advisers. Whether there is a reasonable ground for expecting some new explorations, that will lead to a more certain course in relieving purely nervous diseases of the internal region, or whether the plan so confidently put forth by Mr. Yearsley, of London, will be found really serviceable, remains to be ascertained. Marvellous accounts of teaching the deaf and dumb to speak, have reached us from abroad, leading to expressions of sympathy and efforts for the relief of that unfortunate class of persons in our midst—yet, when the matter has been closely examined, exaggeration and enthusiasm have been found to exert a large share of influence in swelling the story of success.

Having expressed an opinion of the state of aural surgery in general, we now return to a brief consideration of the book which gave rise to the foregoing reflections. Whatever in it relates to the chronic or acute inflammation of the meatus, the membrana tympani, or tegumentary lining of the external canal, is quite proper, but not new; the same facts may be gathered from various sources. The chief merit in Mr. Dufton's book consists in the collection of materials, and the candid, fair method of arranging and presenting them to the reader. We thus get all there is extant relating to the modern treatment of the diseased ear, in a compact, orderly series of chapters; and to our conception, this is no small merit—although nothing striking, nothing particularly calculated to direct us in difficult cases, beyond the stretch of previous writers, may be anywhere found in the book. Wishing the publishers a profitable sale, as a reward of their well-known enterprise, we hope neither they nor the author will be offended because we openly express a want of confidence in all the works extant by authors on the ear.

ins  
infl  
As  
pro  
the  
atte  
ated  
till  
seas  
stud

Dr  
of Su  
not b  
count  
which  
were  
ploug  
and st  
"Min  
the su  
Dr.  
former  
embod  
matter  
tical p  
of 576  
its prop  
hands o

Lead  
"Lead  
the argu  
Nothing  
while, le  
whole ci  
be quaff  
racter of  
meeting  
has been  
the grand  
prior to

Dungl  
universall  
Messrs. L  
creditable  
edition we

*South Carolina Medical College.*—From small beginnings, the medical institution at Charleston, South Carolina, has attained distinction, and its influence must necessarily be felt very extensively over the Southern States. As the faculty is composed of men devoted to the interests of the medical profession, the reputation of the College is a natural result of the labors of the professors. There were one hundred and ninety-two students in attendance the last course of lectures—seventy-eight of whom were graduated. The first day of November the lectures will commence, and continue till the last Saturday of March—five months, instead of four, as in past seasons. Whatever may be useful in promoting the scientific progress of students, seems to be provided for them on reasonable terms.

---

*Druitt's Modern Surgery.*—A better book on the principles and practice of Surgery, as now understood and practised in Europe and America, has not been given to the profession. In 1842, an edition appeared in this country, under the editorial supervision of Dr. Flint, now of Kentucky, which met with a ready sale, because the intrinsic merits of its contents were apparent. Messrs. Lea & Blanchard have now put their hand to the plough, and produced an improved edition, from the author's last touches, and still further finished by Dr. F. W. Sargent, of Philadelphia, author of "Minor Surgery," &c. It now combines the improvements of the age, and the suggestions from high authority both in England and the United States.

Dr. Sargent remarks, that the valuable annotations of Dr. Flint to the former edition, have been retained, except where they have been already embodied in the text. Mr. Druitt informs us that he has extended the matter about fifty pages, the additions having been expended on the practical parts—the very place where they were needed, if at all. A volume of 576 large octavo pages, with 193 wood engravings, and excellent in all its properties, is now ready for circulation, and should be placed in the hands of students.

---

*Lead Pipe Controversy.*—A pamphlet by Dr. Dana, of Lowell, called "Lead Pipe—its dangers; a rejoinder to the reply of Prof. Horsford to the argument in the Appendix to Tanquerel," is stirring up the elements. Nothing is more common than for great men to disagree. In the meanwhile, leaden pipes are stretching out under ground and into houses over the whole city of Boston—and, poison or no poison, the inhabitants will soon be quaffing their Cochituate water, without caring a fig about the character of the tube through which it flows to their domicils. A horror meeting could not be raised in Boston, against leaden pipes; no indignation has been manifested, and so the world moves on precisely as it did before the grand discovery was made that copper-pipes, securely tinned, were superior to the article that has been adopted here and everywhere.

---

*Dunglison's Medical Lexicon.*—A seventh edition of this very able and universally popular Dictionary of the Medical Sciences, has appeared. Messrs. Lea & Blanchard have exhibited in this work a typographical taste creditable to their press. The peculiar improvements and additions to this edition we shall mention another week.

*Boston Dispensary.*—The Annual Abstract from the Reports of the Visiting Physicians of the Dispensary, for the year ending Sept. 30. 1848, shows an increase in the number of the cases which have come under the care of the physicians, proportioned to the increase in the population of the city. The whole number reported is 3642. Last year the number was 3290; and the year previous, 2462. There are reported as recovered the last year, 2747; died, 213. The number of Bostonians was 249; other Americans, 495; Hibernico-Americans, 534; Irish, 2122; other nations, 236. Of the whole number of patients, 2359 are set down as temperate; 317 intemperate; and 163 children of intemperate parents. The Districts into which the city is divided appear to be very unequally furnished with patients—either on account of the character or the number of their population. Thus the District comprising Wards 4, 5 and 6 furnished 1277 of the cases last year; while that of Ward 12, or South Boston, gave only 22. The population of the first-named District is more than three times that of some of the other Districts, and we are glad to hear that a division of it is contemplated. The population of the District of Ward 12 is nearly as large as any single ward District, and yet the number of cases is as stated above. Whether this is owing to the non-residence in the District, during the past year, of the attending physician, or to the want of proper means being taken to make known where certificates may be obtained, we are unable to decide. It is not owing to a lack of certificates in the Ward, as we know that one, at least, of the contributors resident there, has had his annual package of certificates lying in his desk uncalled for and unopened during the past year.

*Transactions of the American Medical Association.*—We are happy to announce the completion of this volume, which makes a handsome octavo, illustrated with five plates, two of which are colored. Justice to the committee of publication seems to require we should state that *immediately* after their appointment, they made arrangements which they believed would secure the early publication of the Transactions. But delays in the transmission, and loss of proofs from authors, arising from neglect in the post offices, and also the failure of the colorist to fulfil his contract, have delayed it until the present time.

Members are entitled to three copies on payment to the Treasurer of five dollars. Others can obtain copies, in paper covers, at two dollars, or in embossed muslin, at two dollars and fifty cents per copy, on remitting the amount to Messrs. Lea & Blanchard, Philadelphia.—*Medical News and Library.*

### Correspondence.

The following letter from New York comes to us anonymously, and the reader must attach his own value to the opinions expressed in it.

*Medical Matters in New York.* MR. EDITOR.—I am a looker-on for a season in this great city. And I see with pleasure, that you not only keep yourself informed—through your correspondents—of the progress of men and things here, but are ready to render justice to all who are deserving of notice, for their efforts in the advancement of any branch of our profession. I would instance your gratifying notices of the recent work of Homer Bostwick, M.D., of this city. He has proved to us what a man can do by his own unaided exertions, if he has the will and the talent to go forward. I need not tell you, after your flattering notice, how he is winning his way to fame and fortune.

y  
Br  
in  
wh  
I  
wh  
tic  
circ  
cou  
I  
thei  
bers  
some  
offic  
T  
was  
self  
whit  
Th  
the y  
month  
Wh  
who a  
Ne

Med  
Dieu,  
day,  
he not  
premis  
have a  
named  
himself  
and fin  
sequent  
and on  
body, a  
Dr. Res  
pial, at

NOTIC  
of New Y

ERRAT  
(accident  
word inter

MARRI  
of Lawren  
to Miss M  
Mass., Dr.

DIED.—  
M.D., Prof  
of Louisian

Report a  
Of consum  
slow fever,  
bronchitis,  
tumor on the  
ralsis, 1—  
Under 5  
and 60 year

Another distinguished name appears in your last Journal; and from all I can learn, you do not err in your estimate of the practice of Dr. Horace Green. His work on Bronchitis is well known, and crowds are attracted to his office, by the report of his skill in operations on the throat. I hear he has published a new work on Croup—regarding which, there can be but one opinion.

Rivalling him, perhaps, in the claim to extensive practice, is S. S. Fitch, M.D., whose peculiar department is diseases of the chest. He has published a useful, practical work on the subject, which is popular in its character and has been extensively circulated. He is said to have a very large number of patients, both from city and country.

I hear nothing very new in medical matters. The Schools have not yet commenced their winter campaign, but from what I learn, their prospects are good, and their numbers will probably be fully equal to those of last year. There have been rumors of some contemplated changes, which were probably but rumors, as nothing has been officially announced.

The last meeting of the Academy of Medicine, was one of peculiar interest. A paper was read by Dr. Mott, detailing three important operations, recently performed by himself. As they will probably be published in some of our journals, I will not attempt what would be but a meagre and unsatisfactory report from memory.

There is nothing to report of peculiar interest in our profession. The city escaped the yellow fever, and it is said to have been a time of unusual health here for some months, so that some of our brethren are suffering for want of employment.

When they have more to do, or when the Colleges are again busy, preparing others who are not wanted, you may, if you will, hear from me again.

JUSTITIA.

New York, 10th October, 1848.

*Medical Miscellany.*—An extraordinary insurrection recently took place at the Hotel Dieu, in Lyons, France. Eighty women, for certain causes, were put on diet, for a day. They became furious, broke furniture, and would have murdered the doctor, had he not escaped. The soldiers suppressed the rebellion just as they intended to fire the premises, and marched the ringleaders to prison.—The New Orleans Board of Health have announced the disappearance of yellow fever in that city.—A Sergeant of Marines, named John B. Wetherell, who recently returned to New York from Monterey, felt himself unwell on Saturday night, and sent for some tartar emetic, which he swallowed, and finding that it did not operate, he sent for another dose and swallowed it, and subsequently for two more, which he also swallowed, without producing apparent effect, and on Sunday morning he suddenly expired. The Coroner held an inquest on the body, and a surgical examination of it showed that the tartar emetic had killed him.—Dr. Reese is said to be very popular in his management of the New York Bellevue Hospital, and is an efficient officer.

NOTICE TO CORRESPONDENTS.—Some account of the late Epidemic Dysentery in the State of New York, and a letter from Dr. Kellogg, of Texas, have been received.

ERRATUM.—On page 221, last number, fifth line, the word "surely," on account of being (accidentally, we suppose) misspelt in the manuscript, was printed instead of *scarcely*, which is the word intended. Readers are requested to make the alteration with a pen.

MARRIED.—Dr. Daniel Ayres, of Brooklyn, N. Y., to Miss A. C. Russell.—Dr. Wm. D. Lamb, of Lawrence, Mass., to Miss C. A. Blanchard.—Loren J. Ames, M.D., of Mount Morris, N. J., to Miss M. Waldo.—Marcus C. Tully, M.D., of New York, to Miss S. M. Irwin.—At Easton, Mass., Dr. John H. Gushue, of Raynham, to Miss Minerva Hayward, of Easton.

DIED.—At Torrington, Conn., Dr. Joseph North, 76.—At New Orleans, Wm. M. Carpenter, M.D., Professor of Materia Medica and Therapeutics in the Medical Department of the University of Louisiana.

*Report of Deaths in Boston*—for the week ending Oct. 14th. 67.—Males, 34—females, 33.—Of consumption, 9—disease of the bowels, 9—dysentery, 11—typhus fever, 2—lung fever, 2—slow fever, 3—dropsy, 1—dropsy on the brain, 1—disease of the kidneys, 1—white swelling, 1—bronchitis, 1—teething, 2—infantile, 5—child-bed, 2—accidental, 2—drowned, 1—croup, 3—tumor on the brain, 1—lock-jaw, 1—cancer in the breast, 1—hooping cough, 1—old age, 2—paralysis, 1—cramp, 1—tumor, 1—convulsions, 2.

Under 5 years, 28—between 5 and 20 years, 3—between 20 and 40 years, 21—between 40 and 60 years, 6—over 60 years, 4.



## MEDICAL JOURNAL ADVERTISING SHEET.

### A PHYSICIAN,

PLEASANTLY located in a small village 36 miles west of Albany, N. Y., and about a quarter of a mile from Utica and Schenectady Railroad, wishing to retire from practice, would be glad to dispose of his house, lot, outbuildings, &c., to a well-qualified practitioner. Particulars may be learned on application to the publisher of this Journal. If by letter, post-paid. Oct. 11.

### TREMONT STREET MEDICAL SCHOOL—BOSTON, 1848-49.

THIS School was instituted in Boston, in 1838, for the purpose of giving to private pupils a thorough course of instruction, by lectures and examinations, throughout the year. A medical exercise, commonly, in the form of recitation, takes place at the room of the school, daily, at 12 M. This arrangement has been found, on the whole, to offer the student the greatest facilities for acquiring the requisite knowledge, and for estimating his deficiencies.

The following is an outline of the plan of regular instruction, subject to variations when expedient.

Theory and Practice of Medicine, and Materia Medica, by Dr. BIGELOW.

Midwifery, Medical Jurisprudence and Diseases of Women and Children, by Dr. STORER.

Anatomy and Physiology, by Dr. HOLMES.

Pathological Anatomy, by Dr. J. B. S. JACKSON.

Surgery, and Clinical Surgery, by Dr. HENRY J. BIGELOW.

Natural Philosophy, Chemistry, and Demonstrations in Anatomy, by Dr. BRYANT.

Extra courses of lectures have been delivered during the past season by several of the instructors, and in addition a course has been given upon Philosophical Anatomy, by Prof. Agassiz, and one upon Chemistry, by Dr. Gay. It is proposed to continue such extra instruction, with some variations, from year to year.

#### CLINICAL INSTRUCTION.

This essential branch of a medical education will be made an object of especial attention. There will be clinical visits at the Massachusetts General Hospital, in the Medical Department, by Drs. Jackson and Holmes, with Lectures at stated intervals; and constant attention to the practical study of *Auscultation and Percussion*, for which ample opportunities occur in the practice of the Hospital.

Clinical Surgical Instruction will be given at the same Institution by Dr. Henry J. Bigelow, during his term of service.

Sufficient opportunities are afforded for experience in Obstetric practice.

#### PUBLIC INSTITUTIONS.

In addition to the medical and surgical practice of the Massachusetts General Hospital, the Students will have admission to the Eye and Ear Infirmary, through the politeness of the Surgeons of that Institution; and also to the institution for the treatment of Diseases of the Skin, by the permission of Dr. Durkee.

#### PRACTICAL ANATOMY.

Every facility will be furnished to the Students for the prosecution of this branch of study, under the immediate superintendence of the Demonstrator.

#### MEANS OF ILLUSTRATION.

The whole Collection of Pathological Specimens of which Dr. Jackson is Curator, a large number of plates, diagrams and models, and two very complete achromatic microscopes, are among the apparatus for the illustration of some of the most important branches.

#### LIBRARY.

During the whole Summer term, the Students of the Tremont Street Medical School will have free access to, and the privilege of taking Books from the Library of the Massachusetts Medical College, now consisting of more than 1200 Volumes, and rapidly increasing by a large Annual Appropriation, devoted to the purchase of the Books most useful and acceptable to the Student.

\* Application may be made to Dr. BIGELOW, *Summer street, Boston*. A Catalogue of the past and present Members of the School, with other details, may be had gratis, by applying, post paid, to Burnett, Apothecary, 33 Tremont Row, or at W. D. Ticknor's Bookstore.

The Room of the School, at 33 Tremont Row, over Mr. Burnett's Apothecary store, is open to Students from 6 A.M. to 10 P.M., furnished with Plates, Preparations, Articles of the *Materia Medica*, &c.

During the Winter months, Evening Examinations are held on the subjects of the Lectures at the Massachusetts Medical College. Preparatory Examinations are made of gentlemen about to present themselves for Graduation.

#### TERMS.

For the Summer Term (from March 1st to November 1st), \$90. For the Winter Term (from November 1st to March 1st), \$10. For a Year, \$100. Sep. 20-1f.

### TO SURGEONS.—ETHEREAL SOLUTION OF GUN COTTON.

THE properties of this solution as applied to Surgery, by Mr. S. L. Bigelow, are as follows. It almost instantly forms an unirritating coating or plaster of great strength and durability. In contracting, it brings the edges of the wound very firmly together, and being impervious to air and water, enables them to unite rapidly by first intention. It leaves hardly a perceptible scar. No sutures are required for simple incised wounds of any length. It affords protection for all excoriated surfaces, &c. mh22-4f For sale by JOSEPH BURNETT, 33 Tremont Row.

### FRESH AND GENUINE DRUGS AND MEDICINES

Of superior quality, carefully prepared for Physicians' use, and for sale on the most favorable terms, at 33 Tremont Row, Boston, by JOSEPH BURNETT, (Successor to T. Metcalf.) Feb. 10-1f.

### BENEFITS IN SICKNESS.

THE MASSACHUSETTS HEALTH INSURANCE CO., established in Boston, will contract to insure males between the ages of 16 and 65—allowances of \$4, \$6 or \$8 per week during sickness for any term from one to five years. Premiums payable annually. Office in Museum Building, Tremont street. A. L. STIMMONS, Secretary. THOMAS TARBELL, President. 829-1f

Dr. G. H. LYMAN, Consulting Physician.